

# **U.S. Army Dental Command**



**FORCE HEALTH PROTECTION  
CONFERENCE**

**DEPLOYING THE RESERVE COMPONENT  
FORCE  
AUGUST 2006**

**IMA Commander, Reserve Affairs,  
DENCOM**

# Public Health Districts in GEORGIA



**FY06 AGES  
4-5  
24% CL 3**



**U.S. Army Dental Command**



# AC & RC DENTAL COMMAND AND UNIT LOCATIONS

**U.S. Army Dental Command**



# ***"THE ARMY"***

<b>COMPO 1</b>	<b>COMPO 2</b>	<b>COMPO 3</b>
<b>Active Army</b>	<b>Army Guard</b>	<b>Army Reserve</b>

- **Active Component**
- **Owned by Federal Government**
- **Controlled by President**
- **Federal Mission**

- **Reserve Component**
- **Owned by State Governments**
- **Controlled by Governor**
- **Can Easily be Federalized**
- **Dual Missioned - Federal and State**
- **Federally equipped and**

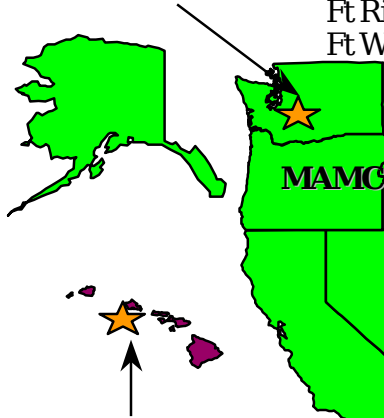
- **Reserve Component**
- **Owned by Federal Government**
- **Controlled by President**
- **Federal Mission**



# COMPO ONE REGIONAL DENTAL COMMANDS (RDCs)

## WESTERN RDC

MAMC (Ft Lewis)  
Ft Irwin  
Presidio  
Ft Richardson  
Ft Wainwright



MAMC

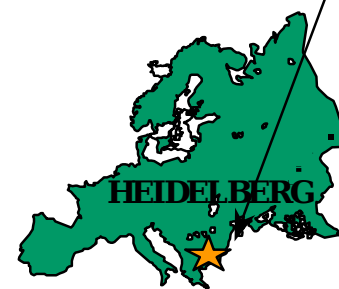
## NORTH ATLANTIC RDC

WRAMC (Walter Reed)  
Aberdeen PG  
Carlisle Barracks  
Ft Bragg  
Ft Drum  
Ft Eustis  
Ft Knox  
Ft Lee  
Ft Meade  
Ft Monmouth  
West Point

WRAMC

## EUROPE RDC

Heidelberg  
Baumholder  
Darmstadt  
Hanau  
Katterbach  
Landstuhl  
Shape  
Stuttgart  
Vicenza  
Vilseck  
Wiesbaden  
Wurzberg



HEIDELBERG

## SOUTHEAST RDC (Includes Puerto Rico)

EAMC (Ft Gordon)  
Ft Benning  
Ft Campbell  
Ft McPherson  
Ft Stewart  
Red Stone Arsenal  
Ft Jackson  
Ft Rucker

EAMC

## GREAT PLAINS RDC

Ft Hood  
Ft Bliss  
Ft Carson  
Ft Huachuca  
Ft Leavenworth  
Ft Leonard Wood  
Ft Polk  
Ft Riley  
Ft Sam Houston  
Ft Sill  
White Sands MR

FT HOOD

## PACIFIC RDC

TAMC  
Japan  
Korea



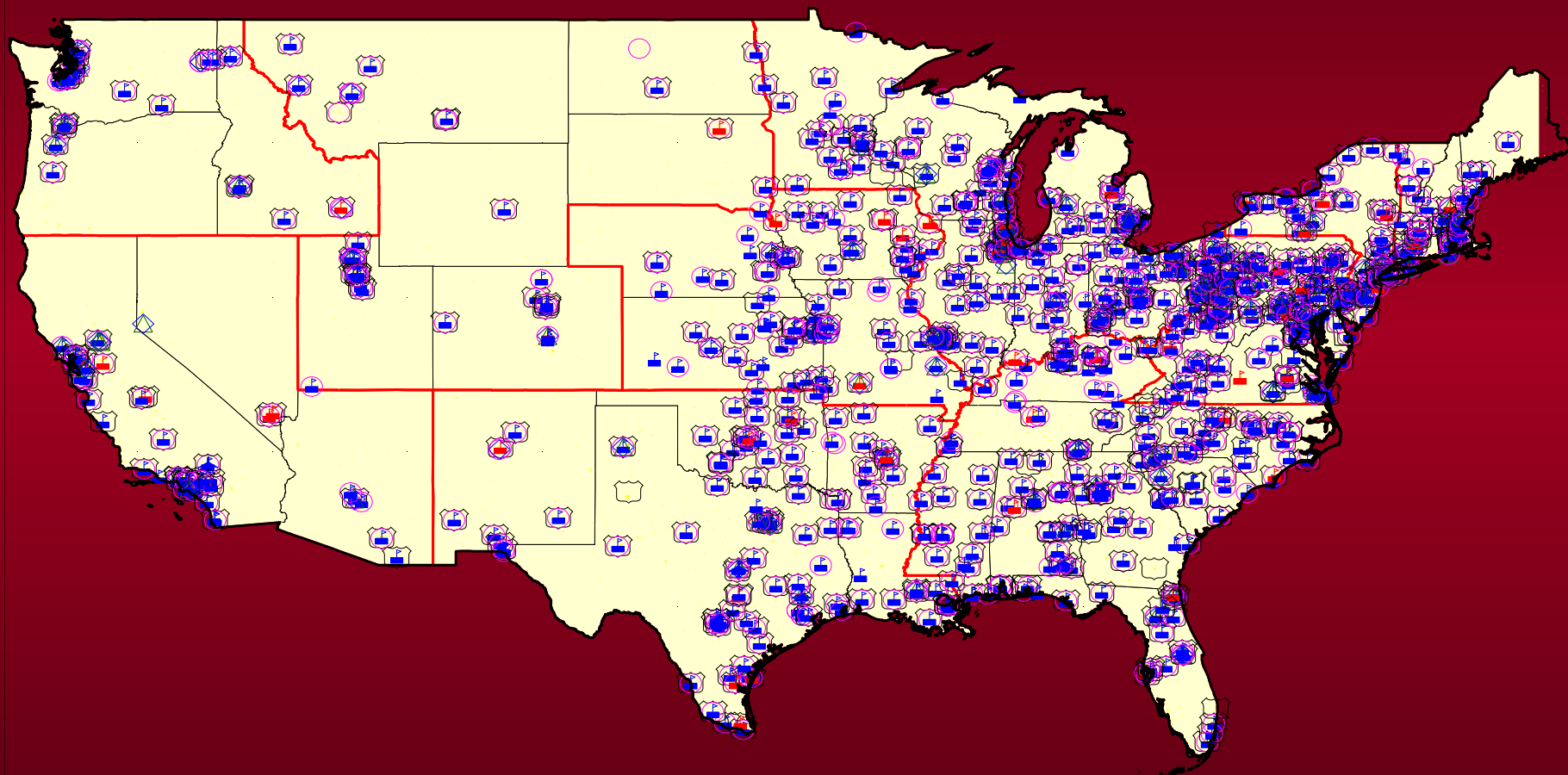
# ***Dispersion of NG Units***

## ***A Reflection of America***





# US Army Reserve Center



**U.S. Army Dental Command**



# RC PRE- MOBILIZATION DENTAL READINESS REQUIREMENTS

# ✓ MILITARY DENTAL RECORD

ALPHABETICAL AND  
TERMINAL DIGIT FILE FOR

PATIENT IDENTIFICATION

NAME, FIRST NAME (pen)  
(pen)  
(pen)  
(pen)

## TREATMENT RECORD

For use of this form, see AR 40-56; the proponent agency is OTSG

**NOTE TO PHYSICIAN:**

- ☐ Medical Condition (*Medical Warning Tag*)
- ☐ Personnel Reliability Program (*Screening*)
- ☐ Radiation Screening Program
- ☐ Flight Status
- ☐ Medical Registries
- ☐ Blood Type

**TYPE OF RECORD:**

- ☐ Inpatient (*Clinical*)
- ☐ Outpatient Treatment
- ☐ Health
- ☒ [REDACTED] - Dental
- ☐ Dental (*Non-Military*)
- ☐ ADAOCP OMR
- ☐ Civilian Employee Medical Record

IF FOUND RETURN TO:  
ANY U.S. POST OFFICE

POSTMASTER - FORWARD TO:  
Department of the Army  
Office of the Surgeon General  
Washington, D.C. 20310-3017

DA FORM 3444 MAY 91

EDITION OF 1 JAN 79 WILL BE USED UNTIL EXHAUSTED

**U.S. Army Dental Command**

# **ONE ARMY ONE ANNUAL EXAM STANDARD AR 40-501, 10-27 FEB 2005**



- **CODE D0120, PERIODIC ORAL EVALUATION**

- **PERFORMED WITH MIRROR, EXPLORER & PROBE**

- **SUPPORTING RADIOGRAPHS (BWxs/PAs)**

- **PERIODONTAL SCREENING (• PSE)**

# DENTAL CLASS 1 OR 2 = “GO” DEPLOYMENT STANDARD

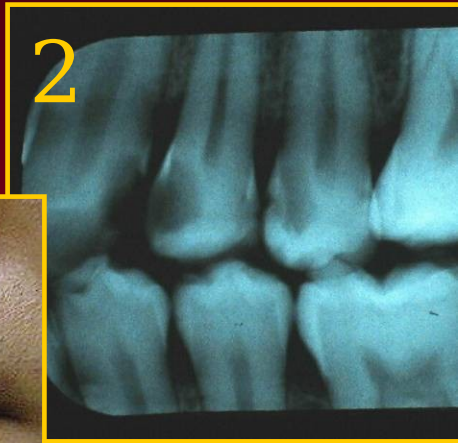
- Dental Class 1 - Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
- Dental Class 2 - Patient has some oral conditions, but you **do not** expect these conditions to result in dental emergencies within 12 months if not treated, (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).



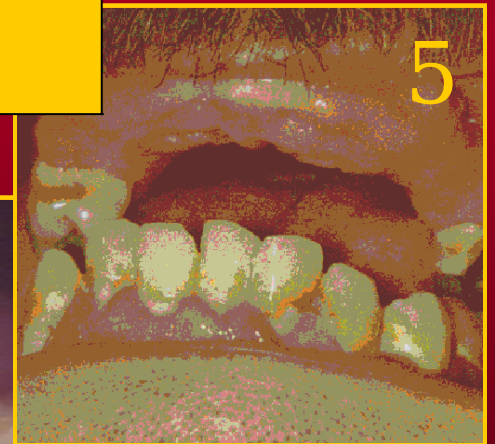
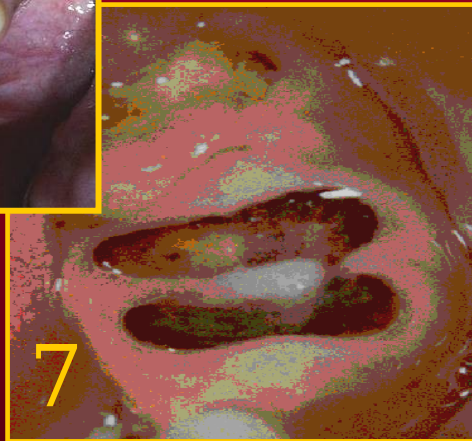
# DENTAL CLASS 3 OR 4 = “NO GO” DEPLOYMENT STANDARD

- **Dental Class 3** – Patient has oral conditions that you **do** expect to result in dental emergencies within 12 months if not treated.
- **Dental Class 4** – Patient requires a current examination in order to determine if they are Class 1, 2 or 3. A current examination is one that has taken place within 365 days of the deployment processing date.



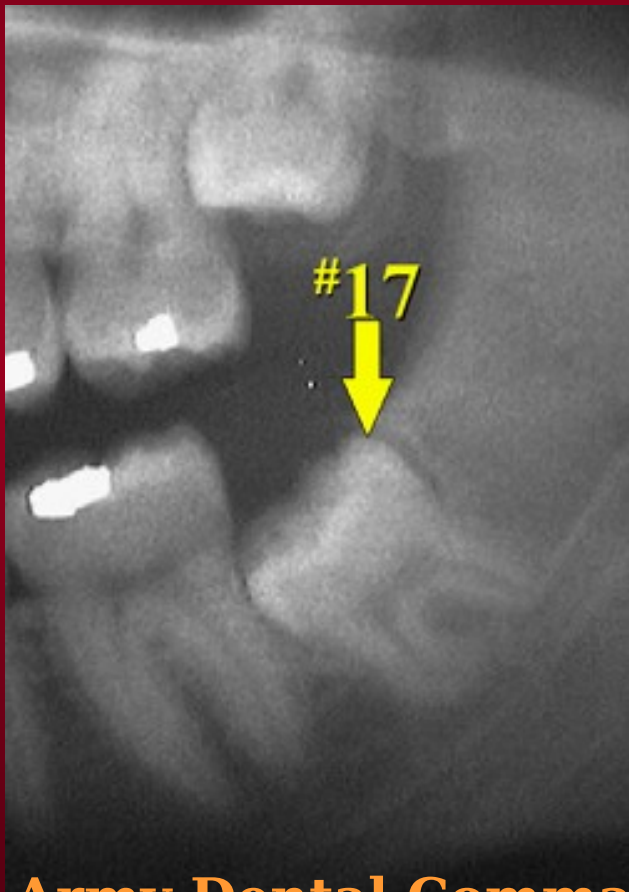


# DENTAL CLASS 3 CONDITIONS



## **Wisdom Teeth:**

Patient is 19 years old, gives no history of symptoms. Periodontal probing reveals no oral communication with # 17.



# EXAM DOCUMENTATION STANDARDS

## COMPO 2

**SECTION II. CHRONIC DENTAL RESTORATIONS AND ABUTMENTS**

**8. RESTORATIONS AND ABUTMENTS**

**10. SERVICES PROVIDED**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS
13 DEC 2005	<p>Class 3 Dental Needs</p> <p>Tooth: 1; Amalgam-One Surface(D2140); L</p> <p>Tooth: 14; Orthodontic Retention(D8680)</p> <p>Tooth: 15; Orthodontic Retention(D8680)</p> <p>Tooth: 16; Amalgam-One Surface(D2140); L</p> <p>Tooth: 17; Amalgam-One Surface(D2140); L</p> <p>Tooth: 32; Amalgam-One Surface(D2140); L</p> <p>Class 2 Dental Needs</p> <p>No Services Prescribed</p> <p>Remarks:</p>	

**PERIODIC ORAL EVALUATION**

BP 120 / 75

BWX 18 DEC 2005 PAX 13 DEC 2005 PANX 13 DEC 2005

SOFT TISSUE WNL: Yes/No

CARIES RISK: Low Mod/High

TOBACCO: No Smoke Chew Both

**Dental Classification: 3**

Signature

BRIAN CHILDRESS

CIV. DC

Office of the State Surgeon, DC ARNG

## COMPO 3

**8. RESTORATIONS AND ABUTMENTS**

**10. SERVICES PROVIDED**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS
	<p><b>PERIODIC ORAL EVALUATION</b></p> <p>BP / PSR</p> <p>BWX PAX PANX</p> <p>SOFT TISSUE WNL: Yes/No</p> <p>CARIES RISK: Low Mod High</p> <p>TOBACCO: No Smoke Chew Both</p> <p>Class 3 Conditions (Continued from Section 9)</p> <p>Non-Class 3 Remarks</p> <p>(Signature)</p> <p>(Printed or Stamped Name)</p>	

**PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)**

PATIENT'S NAME (Last, First, Middle Initial)

DATE OF BIRTH

RELATIONSHIP TO SPONSOR

COMPONENT/STATUS

DEPARTMENT/SERVICE

SPONSOR'S NAME

RANK/GRADE

SSN OR IDENTIFICATION NO

ORGANIZATION

EXCEPTION TO SF 603A

Standard Form 603A (10-75)

U.S. Army Dental Command

# DD FORM

2813

DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION	
<small>The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other notice that may appear on this form, it does not display a currently valid OMB control number.</small> <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</b>	
PRIVACY ACT STATEMENT	
AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 5400.7-R, E.O. 9397.	
PRINCIPAL PURPOSE(S): An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care.	
1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)	
4. UNIT OF ASSIGNMENT	
6. EXAMINATION RESULTS	
Dear Doctor, The individual you are examining is an Active Duty/Reserve member needs your assessment of his/her dental health for the condition of the member, using as a suggested minimum radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care.	
<input type="checkbox"/>	(1) Patient has good oral health and is not expected to require treatment within the next 12 months.
<input type="checkbox"/>	(2) Patient has some oral conditions, but you <u>do not</u> expect to require treatment within the next 12 months if not treated (i.e., requires prophylaxis, edentulous areas not requiring immediate prosthetic treatment).
<input type="checkbox"/>	(3) Patient has oral conditions that you <u>do</u> expect to require treatment within the next 12 months. Examples of such conditions are: (X the applicable)
<input type="checkbox"/>	(a) Infections: Acute oral infections, pulp or periapical pathology, lesions and lesions requiring biopsy or awaiting biopsy report.
<input type="checkbox"/>	(b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
<input type="checkbox"/>	(c) Missing Teeth: Edentulous areas requiring immediate prosthetic treatment for adequate mastication, communication, or acceptable esthetics.
<input type="checkbox"/>	(d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease.
<input type="checkbox"/>	(e) Oral Surgery: Unrupted, partially erupted, or symptoms of pathosis that are recommended for surgical treatment.
<input type="checkbox"/>	(f) Other: Temporomandibular disorders or malocclusion.
(4) If you selected Block (3) above, please circle the condition(s) and describe the condition(s) below:	
(5) Were X-rays consulted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. DENTIST'S NAME (Last, First, Middle Initial)	
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)	
10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER	

DD FORM 2813, MAR 2003

PREVIOUS EDITIONS ARE OBSOLETE

**Private, non-Government contracted dentists must document annual exam results on DD2813.**

**Military and government contracted dentists must document annual exam results on the Army SF603A form.**

A photograph of the Army SF603A form, which is a dental examination form. It contains various sections for patient information, dental history, and examination results. The form is filled out with handwritten text and includes a section for the dentist's signature and license number.

**U.S. Army Dental Command**

# DD2813 DOCUMENTATION

1) DRC  
box  
1,2, or 3

2) DRC 3  
conditio

3) X-rays  
consulted  
& dated

4) Civilian  
dentist info  
legible &  
completed

5) Exam  
date is  
<365 days  
old

Dear Doctor,

The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. **Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.**

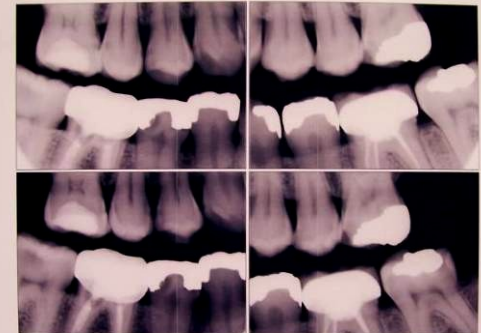
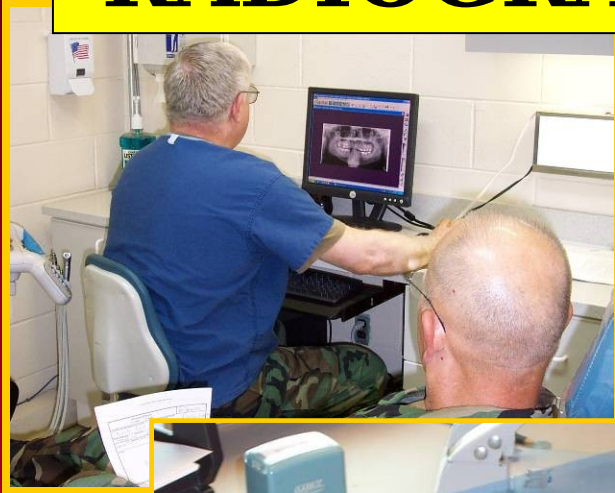
<input type="checkbox"/>	(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
<input type="checkbox"/>	(2) Patient has some oral conditions, but you <b>do not</b> expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).
<input type="checkbox"/>	(3) Patient has oral conditions that you <b>do</b> expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided)
<input type="checkbox"/>	(a) <b>Infections:</b> Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.
<input type="checkbox"/>	(b) <b>Caries/Restorations:</b> Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
<input type="checkbox"/>	(c) <b>Missing Teeth:</b> Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
<input type="checkbox"/>	(d) <b>Periodontal Conditions:</b> Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.
<input type="checkbox"/>	(e) <b>Oral Surgery:</b> Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
<input type="checkbox"/>	(f) <b>Other:</b> Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

Were X-rays consulted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)
7. DENTIST'S NAME (Last, First, Middle Initial)			8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)			
10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER			11. DATE OF EXAMINATION (YYYYMMDD)

DD FORM 2813, MAR 2003 PREVIOUS EDITION MAY BE USED

# RADIOGRAPHIC STANDARDS



**D-DINPACS**



[Click to view X-Rays](#)

To begin your x-ray search, click on the image above.

**PANO STANDARDS**

**BWX STANDARDS**

**AC/RC**

**REPOSITORIES**

**U.S. Army Dental Command**

# RC DENTAL READINESS SYSTEM

**ARNG DENTAL**



**ARNG LOCAL  
CONTRACT  
PROVIDERS**



**FEDS\_HEA  
L**



**SOLDIER'S PRIVATE  
CIVILIAN DENTIST**

Unit Commander  
initiates

UA issues TX vouchers

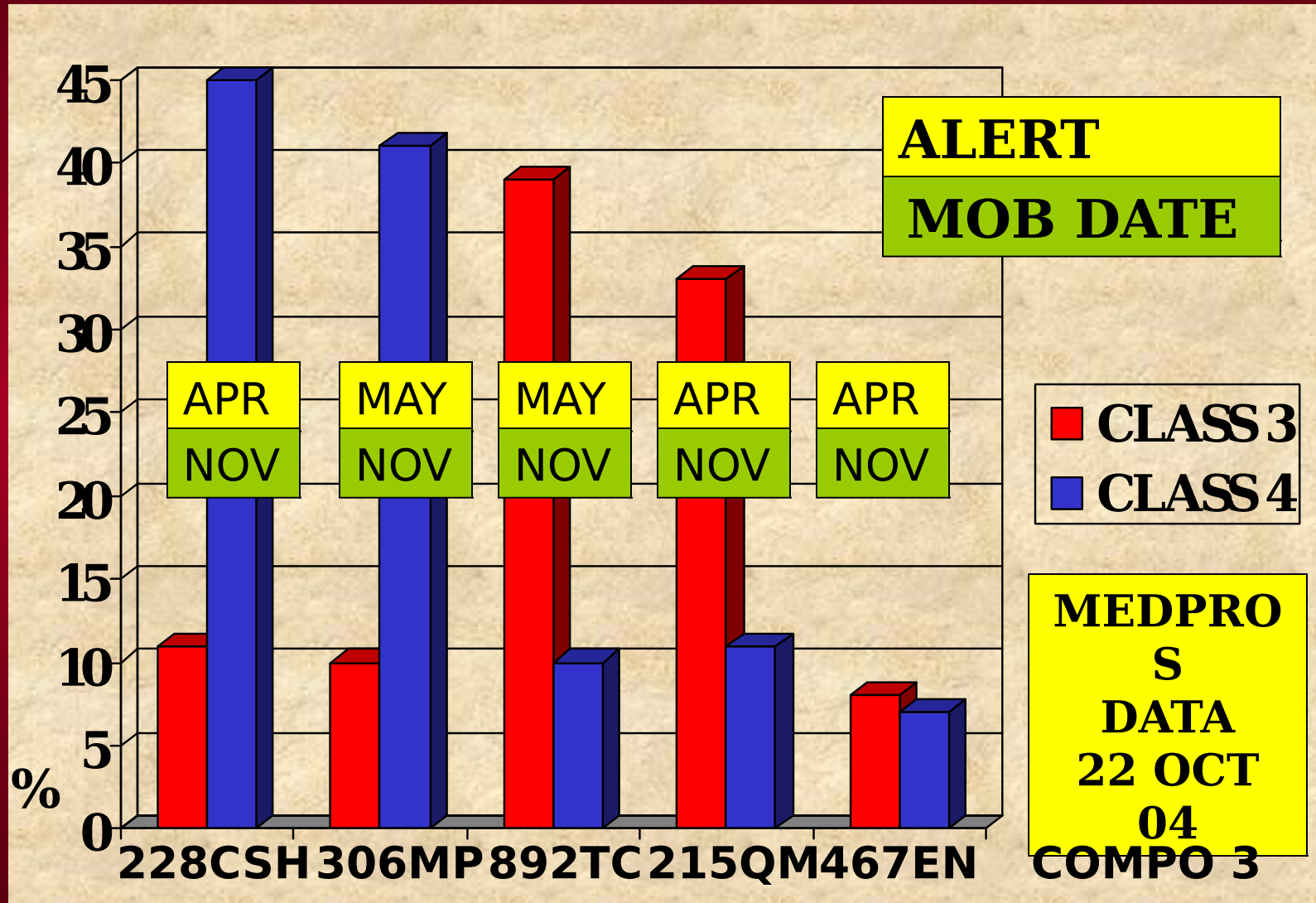
dental readiness  
system

RC CITIZEN SOLDIER

S  
R  
P

**U.S. Army Dental Command**

# ARE RC CDRs INITIATING THE DENTAL READINESS SYSTEM?



U.S. Army Dental Command

# ***Pre-Mobilization Priorities:***

## **Complete Prior to Mob Platform**

### **SRP**

- 1) Complete military dental record.**
- 2) Current and correctly documented annual exam that meets the standards. This includes acceptable DD2813s. Includes required radiographs.**
- 3) Determine non-deployable REFRAD cases and do not send to mobilization platform**
- 4) Do oral surgery cases first to allow for healing prior to mobilization date.**
- 5) Complete 1 or 2 appointment CL3 treatment cases, then shift to intensive care cases.**



# OPERATION OF SRP DENTAL STATIONS: MILITARY/CIVILIAN PROCESSING

**U.S. Army Dental Command**

# PERSONNEL CATEGORIES PROCESSING THROUGH THE ARMY DENTAL STATION

- Reserve Component

- **Army**
- **Air Force**
- **Navy/Marine**

## • Active Component

- **Army**
- **Air Force**
- **Navy/Marine**

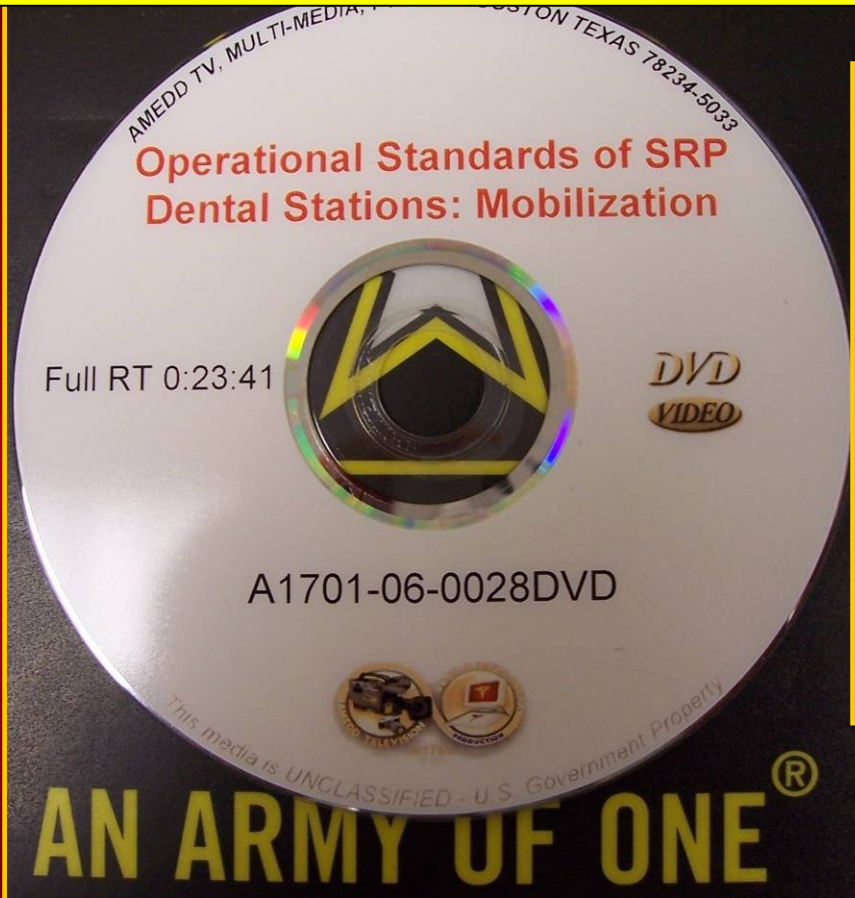
## • Civilian Component

- **DoD Employees**
- **DoD Contractors**



# U.S. Army Dental Command

☒ **MATERIAL WEAKNESS: STAFF HAS NEVER VIEWED SRP DENTAL STATION OPERATIONAL STANDARDS DVD/PPT UPDATE.**



**U.S. Army Dental Command**



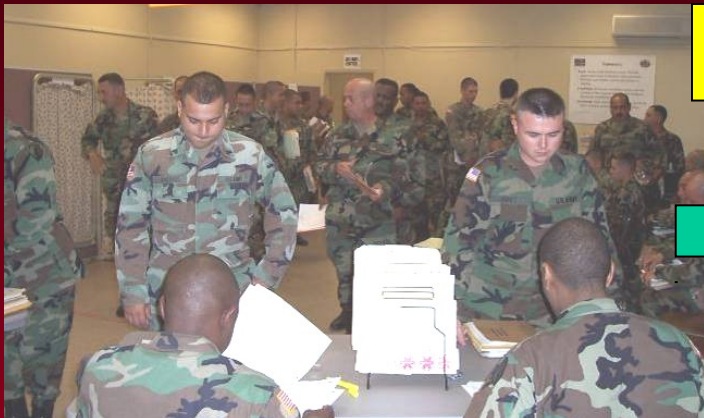
**SRP DENTAL STATION OPERATIONAL STANDARDS:  
NEW CHANGES JUNE 2006**

**POC: COL Mark Bodenheimer**

**IMA Commander, Reserve Affairs, DENCOM  
PH 210-221-8865, [mark.bodenheimer@us.army.mil](mailto:mark.bodenheimer@us.army.mil)**

☒ **REMEDY: "JUST DO IT!"**

**U.S. Army Dental Command**



1



1

**Record Scrub**

**Record Review**

**PROCESSING  
STEPS:**

1. Record scrub  
Record review
2. Exam  
Radiographs  
Class 3  
Treatment
3. Dental  
Readiness Data  
Entry

**Initial "GO"**

**Initial "NO  
GO"**



3



2

**Data Entry**

**Exam/x-rays/CL3 t**

**U.S. Army Dental Command**

# SRP Dental Station SF603 Documentation

**Record Scrub**

**Record Review**

**Document x-rays taken**

**Document 00120 exam**

0. SERVICES PROVIDED		CLASS
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	
	RC/CRC SRP MOBILIZATION RECORD SCRUB FT. BRAGG, NC RECORD IS MISSING: [ ] EXAM (SF603A/DD2813) [ ] BWX [ ] PANX VERIFIED IN REPOSITORY: [ ] EXAM (SF603A/DD2813) [ ] BWX [ ] PANX	
	RC/CRC SRP MOBILIZATION RECORD REVIEW FT. BRAGG, NC [ ] GO (00119) DATE OF VALID PRE-MOB EXAM IN RECORD ____/____/____ (mm) (dd) (yy) [ ] DD2813 DATED 20 ____/____/____ IS CLASS ____ (yy) (mm) (dd) [ ] NO GO --> ORDERED: [ ] 00120 EXAM [ ] BWX [ ] PANX [ ] PAX ____ Stamped Dentist Name & Initials _____	
	RC/CRC SRP MOBILIZATION ORDERED IMAGES TAKEN: FT. BRAGG, NC # TAKEN: [ ] BWX [ ] PANX [ ] PAX Stamped Technician Name & Initials _____	
	RC/CRC SRP MOBILIZATION EXAM (00120) FT. BRAGG, NC BP ____/____ PSR REVIEWED: BWX ____ PANX ____ PAX ____ SOFT TISSUE WNL: YES / NO CARIES RISK: LOW MEDIUM HIGH TOBACCO: NO SMOKES CHEW BOTH Stamped Dentist Name & Initials _____	
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)		PATIENT'S NAME (Last, First, Middle Initial)
		SEX
		DATE OF BIRTH
		RELATIONSHIP TO SPONSOR
		COMPONENT/STATUS
		DEPART/SERVICE
		SPONSOR'S NAME
		RANK/GRADE
		SSN OR IDENTIFICATION NO
		ORGANIZATION
		EXCEPTION TO SF 603A APPROVED BY GSA/IRMS 1-91
		Standard Form 603A (10-75) GSA/ICMR FIRM (41 CFR) 201-45 505

# RC "INITIAL CLASS IN" CDA DATA

## REPORTS HOW RC PRESENTED TO SRP DENTAL STATION

## AUTOMATIC DATA FEEDS TO MEDPROS AND DARTS

Initial "Go" RC Soldier		Initial "No Go" RC Soldier	
The Soldier presents a dental record that meets the initial "Go" standard.			
<b>DENTAC UIC:</b> W3U534 - FT Rucker		<b>Clinic:</b> Camp Shelby Dental Cli	
<b>Soldier SSN:</b> 123 45 6789		<b>Provider:</b> Select a provider...	
<b>Soldier Name:</b> ADAMS JOHN		<b>Record Review Date:</b> 7/29/2005	
<input type="checkbox"/> 00119 - RC Dental Record Meets Initial "Go" Standard		<input type="checkbox"/> 00120 - Soldier Received Annual Exam	
<input type="checkbox"/> Pano in Record Verified		<input type="checkbox"/> 00140 - Soldier Received Limited Exam	
<b>Date of Exam in Record:</b> [Date Picker]		<b>DRC:</b> <input type="radio"/> Class 1 <input type="radio"/> Class 2	
<input type="button" value="Submit Go"/> <input type="button" value="Submit Go Soldier"/> <input type="button" value="Reset"/>		<input type="checkbox"/> Pano in Record Verified	
<b>Soldier Received radiographs:</b> <input type="checkbox"/> 00272 - 2x BWX <input type="checkbox"/> 00274 - 4x BWX <input type="checkbox"/> 00330 - Pano			

### Reserve Components Mobilization Module



Reserve Components  
Mobilization Module. SRP Initial  
Class In.

## U.S. Army Dental Command

# Record Scrub: Check for missing documents



Welcome COL BODENHEIM      Logoff | Tutorials | Online Help

**Soldier Name:** BODENHEIM MARK BF  
**Record Review Date:** 6/19/2006

**Component:** Army Reserve

 - X-Rays Found

☐ 00119 - RC Dental Record Meets Initial "Go" Standard  
☐ Pano in Record Verified

**of Exam in Record:** 

**DRC:**  
☐ Class 1  
☒ Class 2

**Soldier Name:** BODENHEIM MARK BF  
**Component:** Army Reserve

 - X-Rays Found

☐ 00120 - Soldier Received Annual Exam  
☐ 00140 - Soldier Received Limited Exam  
☐ Pano in Record Verified

SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)

RC/CRC SRP MOBILIZATION RECORD SCRUB      FT. BRAGG, NC

RECORD IS MISSING: ☒ EXAM (SF603A/DD2813) ☒ BWX ☒ PANX  
VERIFIED IN REPOSITORY: ☒ EXAM (SF603A/DD2813) ☒ BWX ☒ PANX

RC/CRC SRP MOBILIZATION RECORD REVIEW      FT. BRAGG, NC

☐ GO (00119) DATE OF VALID PRE-MOB EXAM IN RECORD \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yy)

☐ DD2813 DATED 20\_\_\_\_/\_\_\_\_/\_\_\_\_ IS CLASS \_\_\_\_  
(yy) (mm) (dd)

☐ NO GO --> ORDERED: ☐ 00120 EXAM ☐ BWX ☐ PANX ☐ PAX


Stamped Dentist Name & Initials \_\_\_\_\_


RC/CRC-SRP MOBILIZATION ORDERED IMAGES TAKEN:      FT. BRAGG, NC

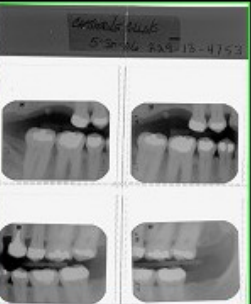
# TAKEN: ☐ BWX ☐ PANX ☐ PAX

Stamped Technician Name & Initials \_\_\_\_\_

229134753      ALL

 5/30/2006

 5/30/2006

 5/30/2006

U.S. Army Dental Command

# Record Review: Dentist Determines GO

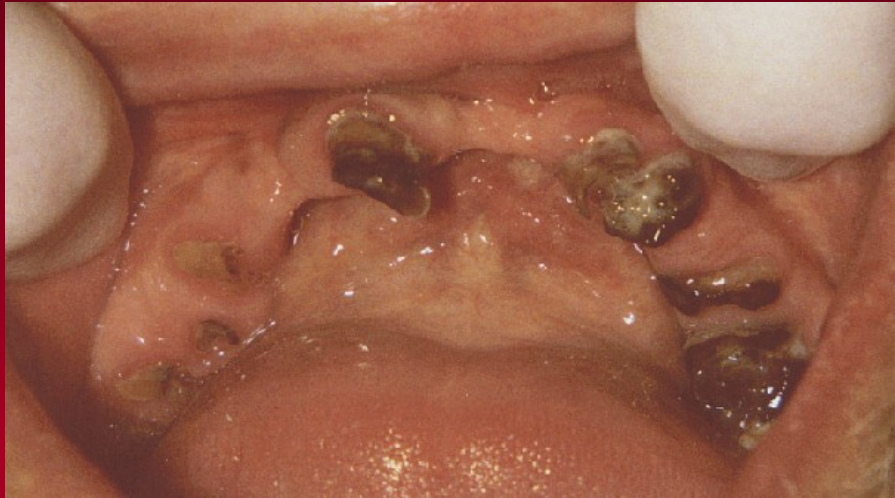


SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	
RC/CRC SRP MOBILIZATION RECORD SCRUB	FT. BRAGG, NC
RECORD IS MISSING: [ <input checked="" type="checkbox"/> ] EXAM (SF603A/DD2813) [ <input checked="" type="checkbox"/> ] BWX [ <input checked="" type="checkbox"/> ] PANX	
VERIFIED IN REPOSITORY: [ <input checked="" type="checkbox"/> ] EXAM (SF603A/DD2813) [ <input checked="" type="checkbox"/> ] BWX [ <input checked="" type="checkbox"/> ] PANX	
RC/CRC SRP MOBILIZATION RECORD REVIEW	FT. BRAGG, NC
[ <input checked="" type="checkbox"/> ] <u>GO</u> (00119) DATE OF VALID PRE-MOB EXAM IN RECORD	<u>6</u> / <u>9</u> / <u>06</u> (mm) (dd) (yy)
[ ] DD2813 DATED 20___/___/___ IS CLASS ___	(yy) (mm) (dd)
[ ] <u>NO GO</u> --> ORDERED: [ ] 00120 EXAM [ ] BWX [ ] PANX [ ] PAX	
Stamped Dentist Name & Initials _____	
RC/CRC SRP MOBILIZATION ORDERED IMAGES TAKEN:	FT. BRAGG, NC
# TAKEN: [ ] BWX [ ] PANX [ ] PAX	
Stamped Technician Name & Initials _____	

## GO RECORD

1. ANNUAL EXAM or DD Form 2813 MEETS STANDARDS
2. ANNUAL EXAM IS CURRENT (WITHIN 12 MONTHS)
3. PANX PRESENT & MEETS STANDARDS
4. BWXS PRESENT (DD2813 does not require these present)

# REFRAD POLICY STANDARDS



If SM brought to mob station, DENTAC will determine if deployable and REFRAD:

- Severe dental Class 3 conditions that require lengthy treatment &

healing.

- Immediate complete or extensive partial dentures requiring months to

Treatment & healing must occur before Soldier's LAD date.

U.S. Army Dental Command

that requires more

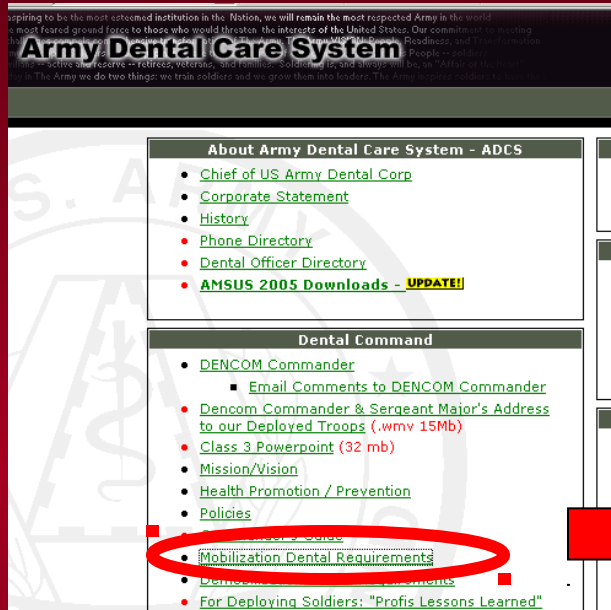
# **SRP DENTAL STATION**

## **ONE ARMY- ONE STANDARD**



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# DENCOM Web Page: [www.dencom.army.mil](http://www.dencom.army.mil)



## Mobilization Dental Requirements



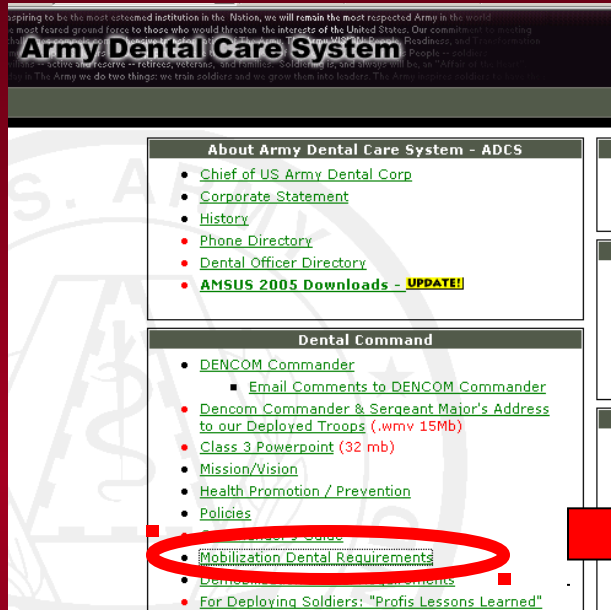
**Processing**

**Record**

**DD2813**

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# DENCOM Web Page: [www.dencom.army.mil](http://www.dencom.army.mil)



## Mobilization Dental Requirements

### PERIODIC DENTAL EXAMINATION

- [Pre-Mobilization Dental Requirements Briefing](#)
- [Frequency of Periodic Dental Examination](#)
- [DoD guidelines, Periodic Dental Examination](#)
- [DENCOM Annual Exam Policy 03-26](#)
- [Caries Risk Assessment Classification](#)
- [PSR-Periodontal Screening and Recording](#)
- **Dental Readiness Classification**
  - [Dental Readiness Classification Guidelines](#)
  - [HA Policy 02-011, Dental Readiness Classifications](#)
  - [Dental Readiness Classification Calibration Exercise](#)

## Exam

### PANOGRAPHIC AND SUPPORTING RADIOGRAPH REQUIREMENTS

- [Panographic Radiograph Requirements](#)
- [Supporting Radiograph Requirements](#)

## Radiographs

### DENTAL READINESS MEDPROS DATA

### DENTAL CLASS 3 TREATMENT

- [FEDS HEAL](#)

### MOBILIZATION REFRAD PROTOCOL

- [Dental](#)
- [Medical](#)

## REFRAD

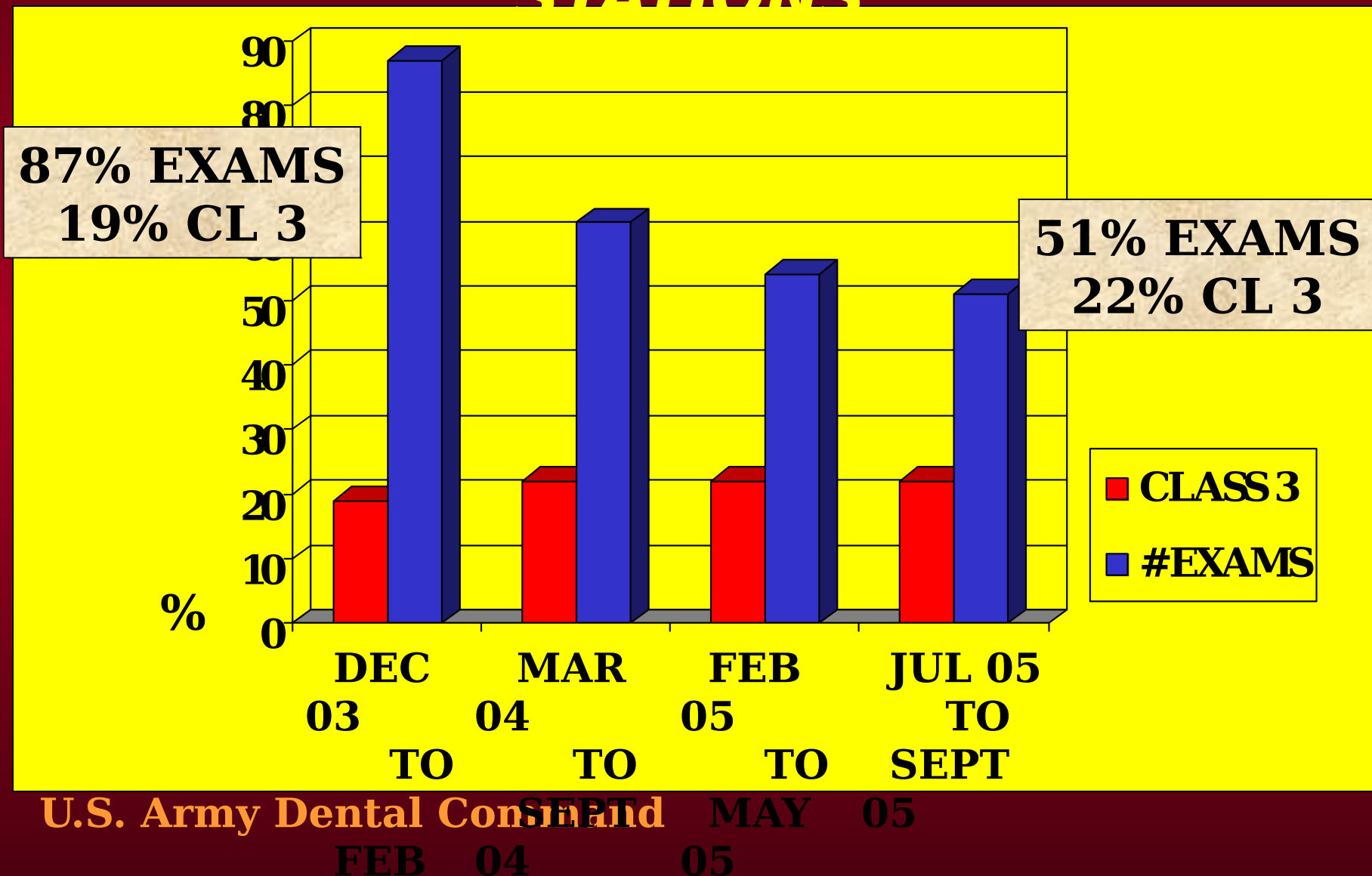
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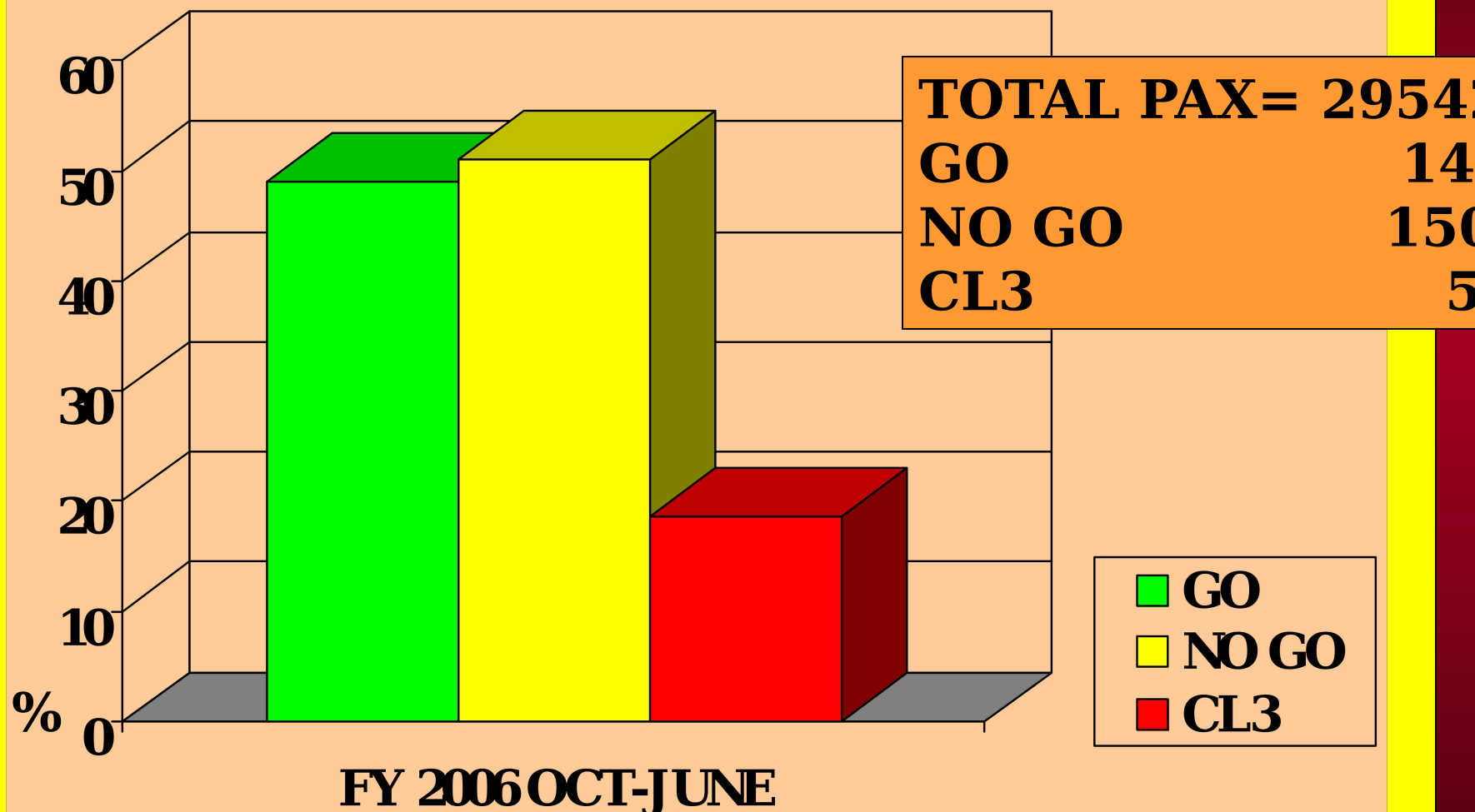
# RC DENTAL READINESS STATISTICS AT MOBILIZATION SITES

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# DENTAL READINESS OF RC REPORTING TO SRP DENTAL STATIONS



# ***DENTAL READINESS OF ARNG/USAR REPORTING TO SRP DENTAL STATIONS***



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# ***DEPLOYED SOLDIERS FROM DENCOM DTFs***

**< 1.4% of RC Soldiers  
deployed as CL3/4**

**# Deployed  
CDA  
Records  
Reviewed  
FY04**

**AC**

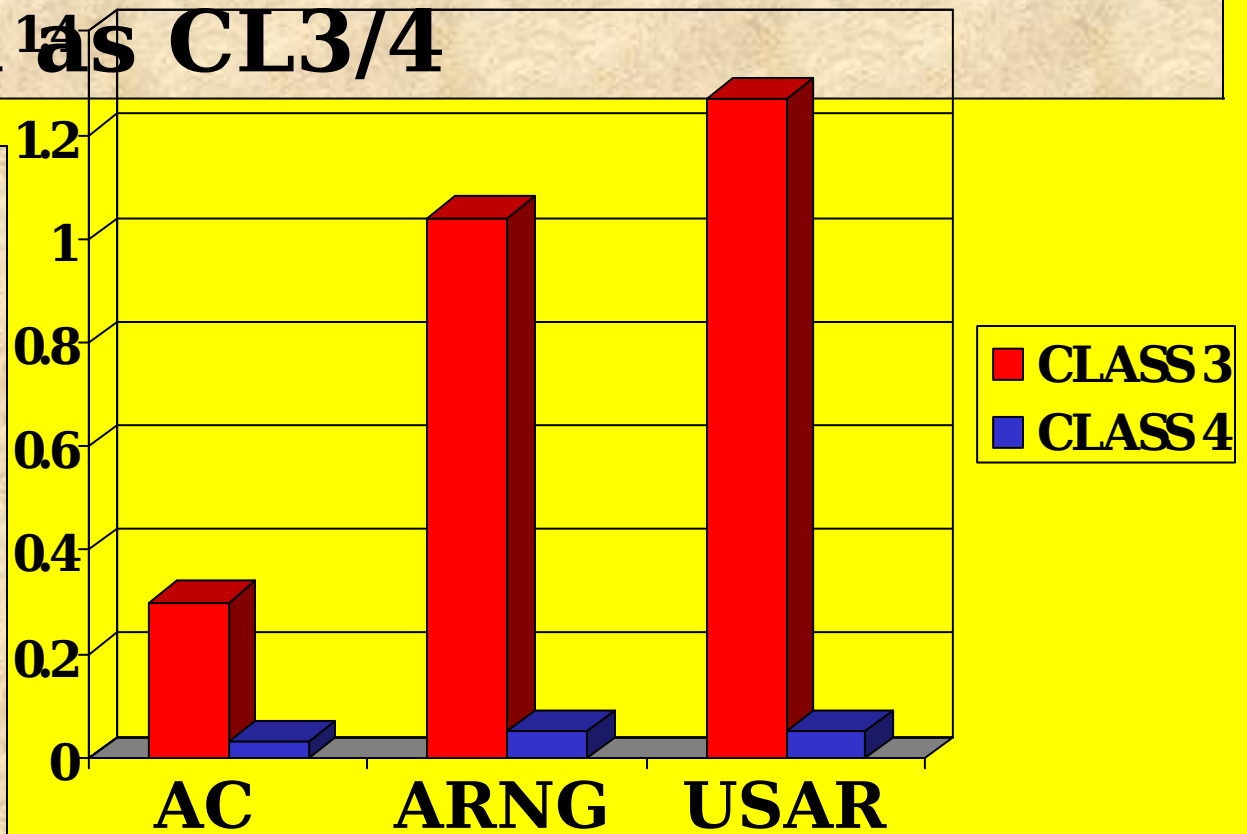
**34.9K**

**ARNG**

**26.5K**

**USAR**

**13.1K**



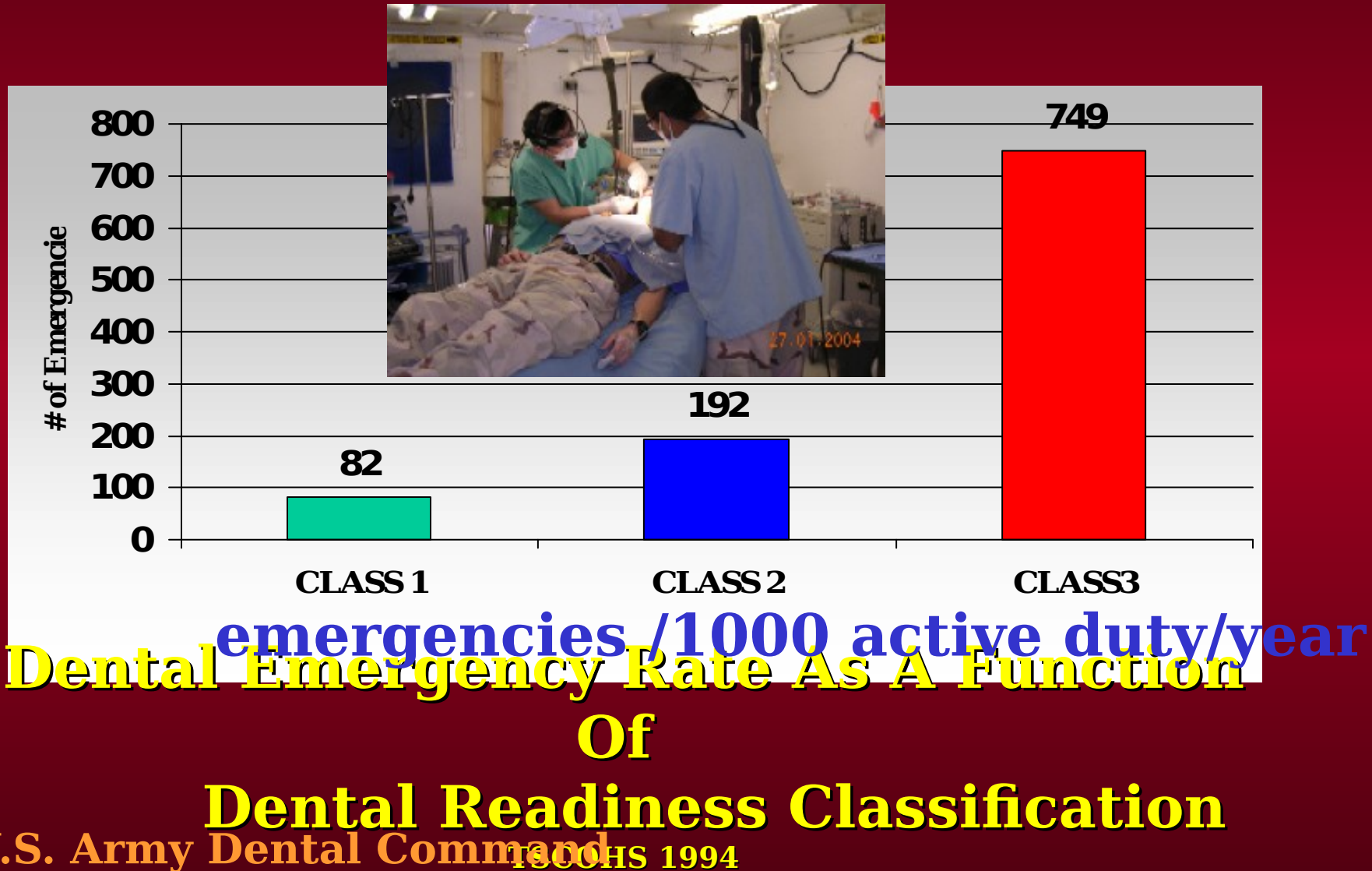
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# DENTAL READINESS - CRUCIAL LINK TO THE BATTLEFIELD

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# ***RC DENTAL READINESS-WHY IS IT IMPORTANT?***



# **PREVENT DENTAL EMERGENCIES: DEPLOY IN DENTAL CLASS 1-2**

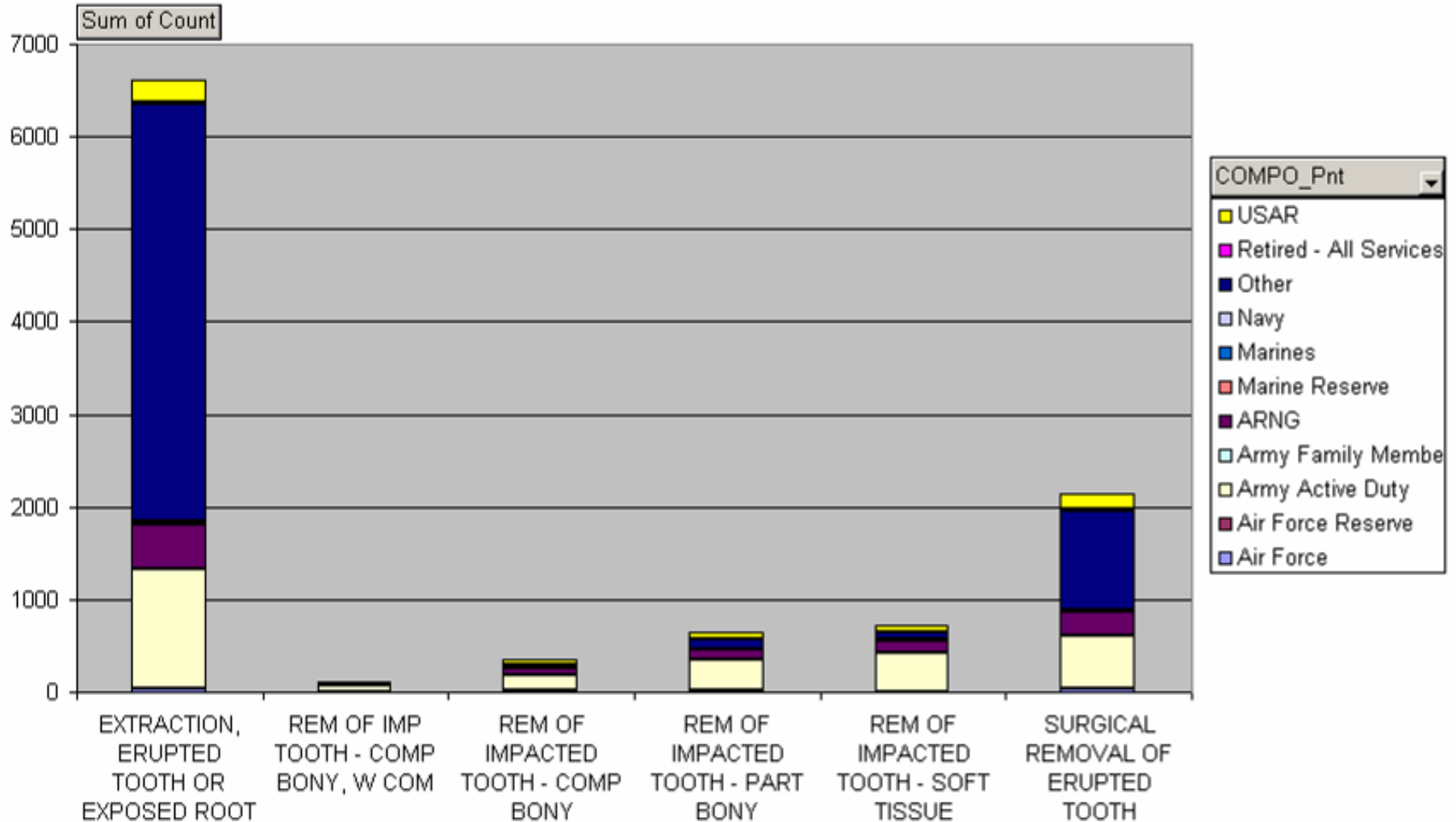
**WAR TIME THEATRE  
HAS LIMITED DENTAL  
SERVICES**



**EMERGENCY DENTAL  
CARE DISRUPTS WAR  
FIGHTING CAPABILITIES**

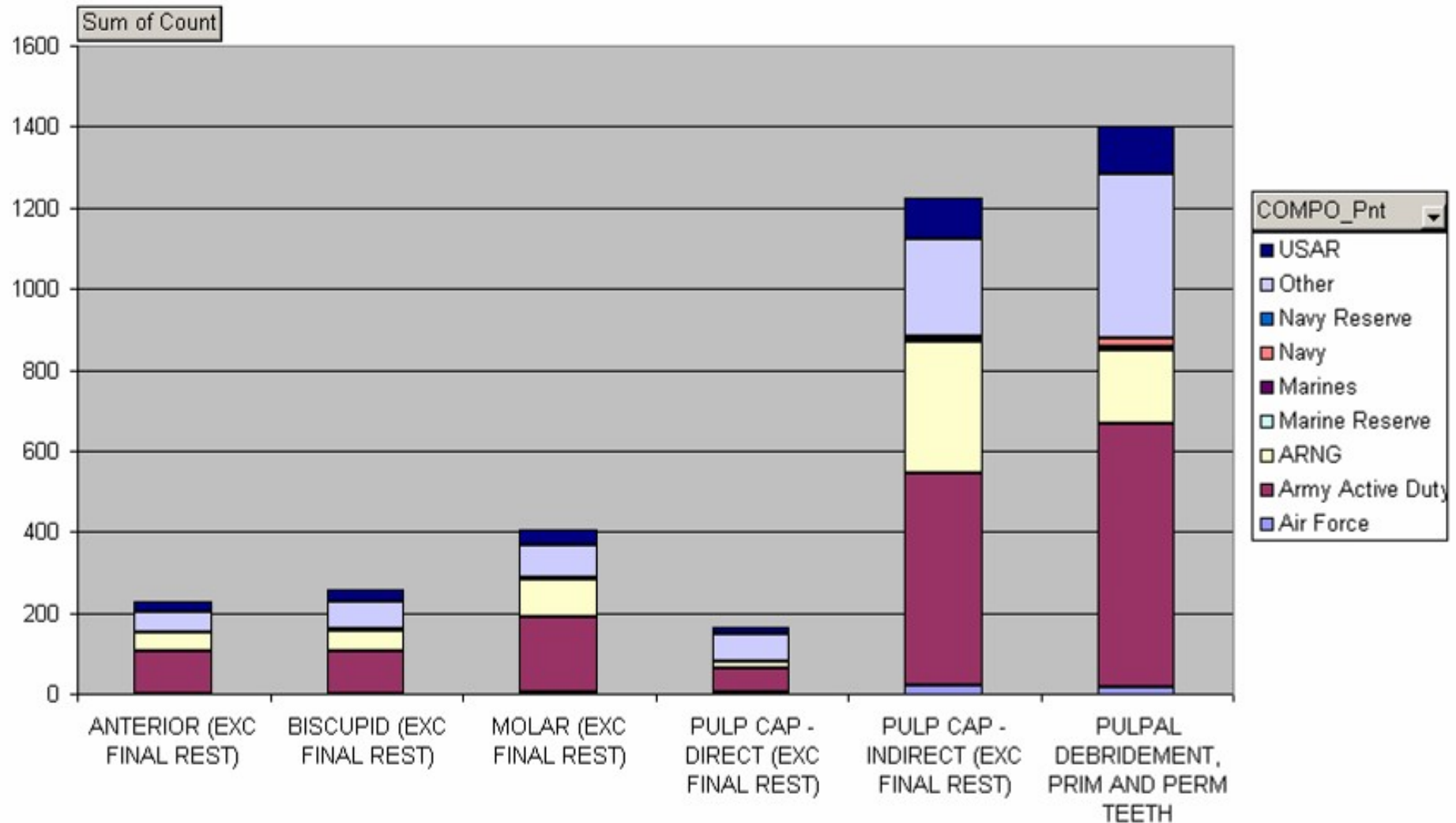
**U.S. Army Dental Command**

# THEATRE OS: OCT 05-MAY 06



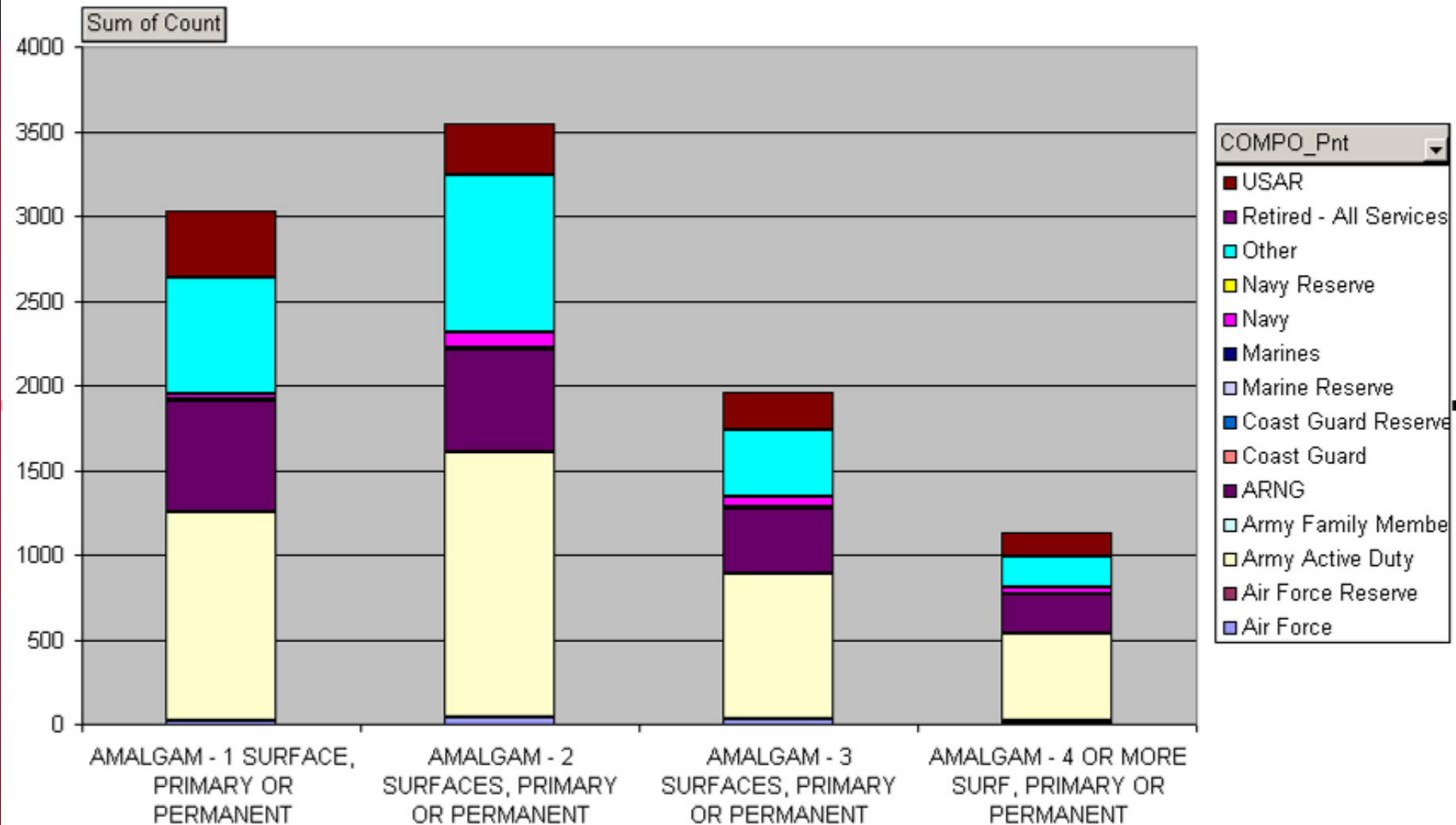
**U.S. Army Dental Command**

# THEATRE ENDO: OCT 05-MAY



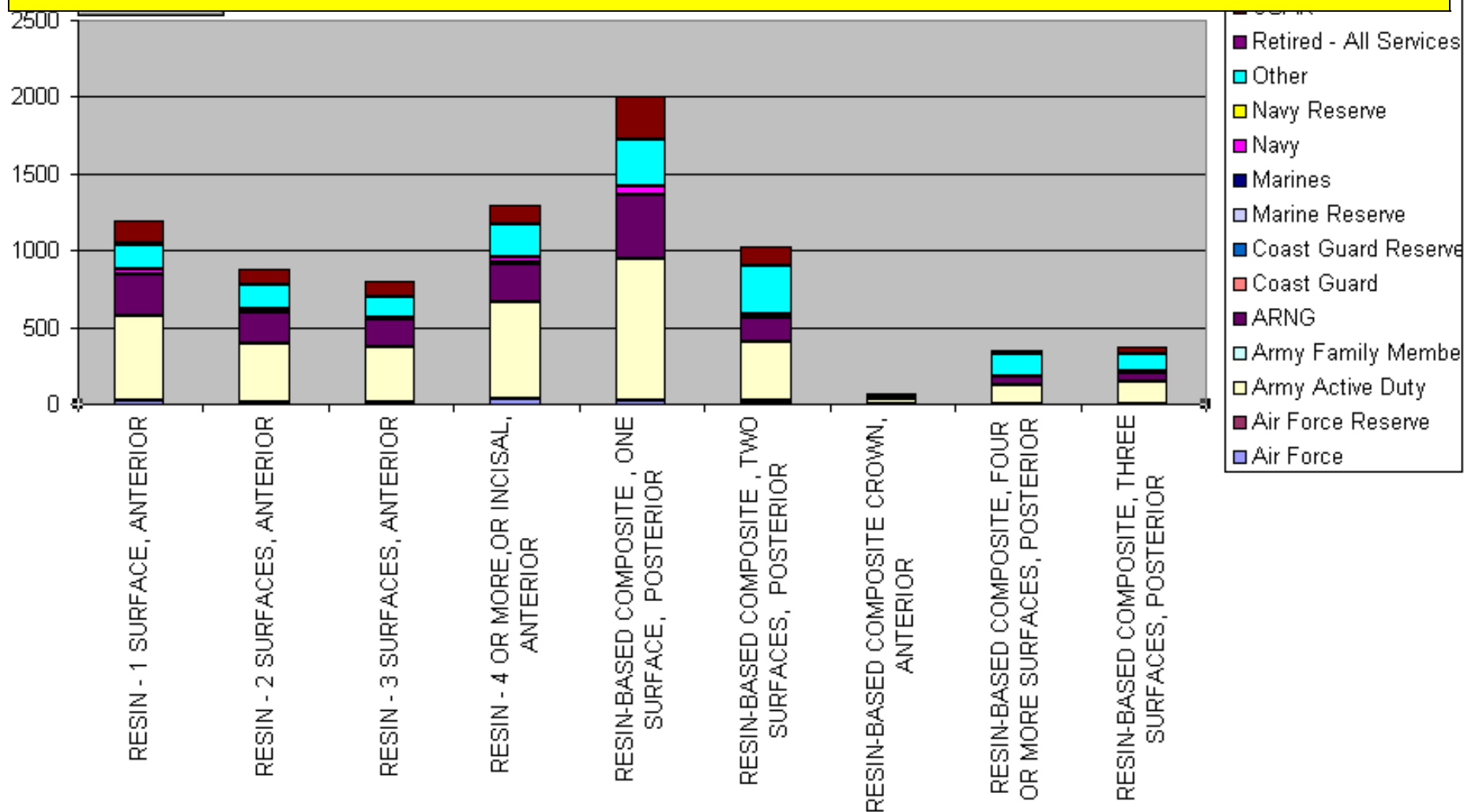
U.S. Army Dental Command

# THEATRE OP (AM): OCT 05-



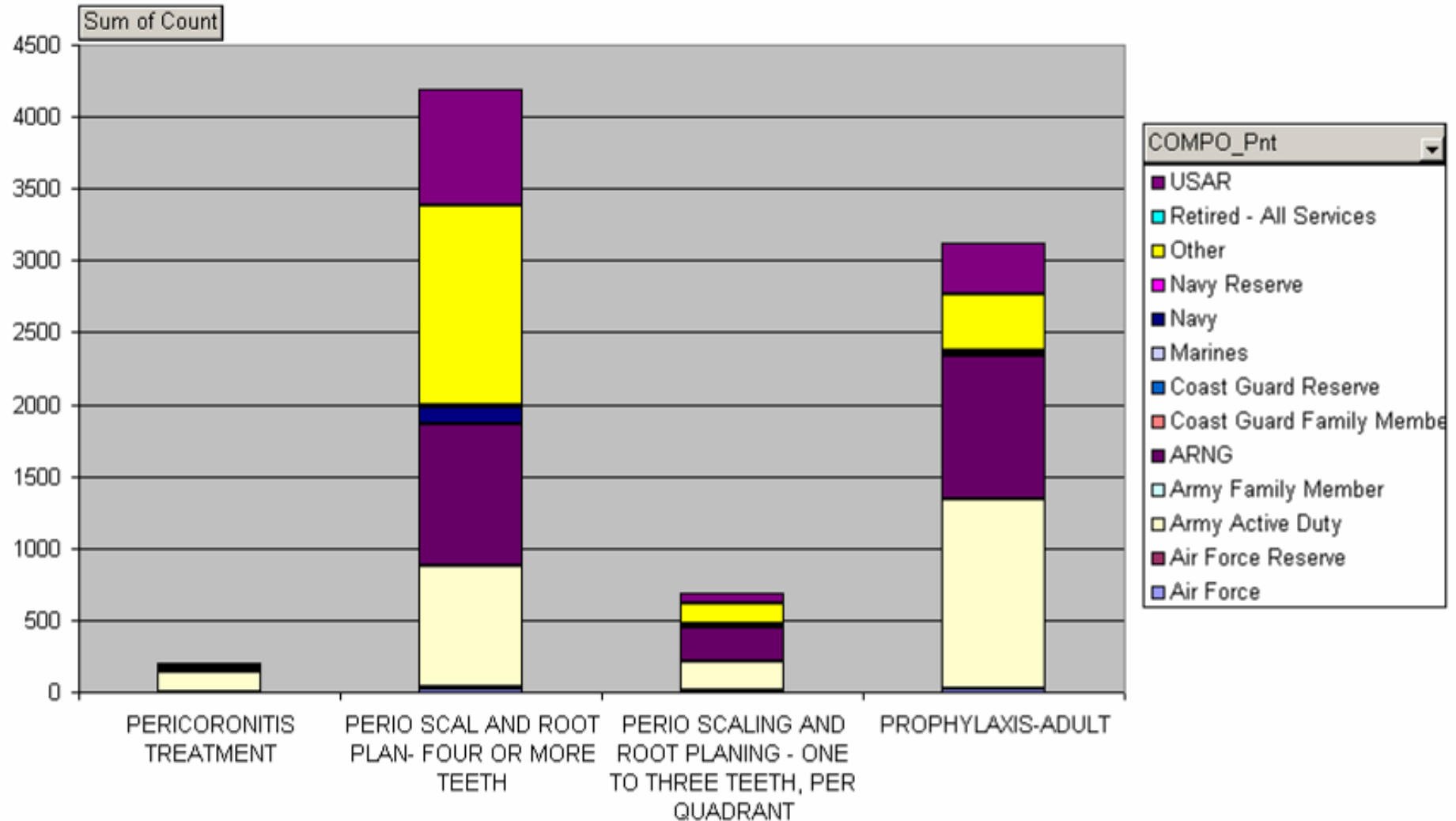
**U.S. Army Dental Command**

# THEATRE OP (RESIN):OCT 05- MAY 06



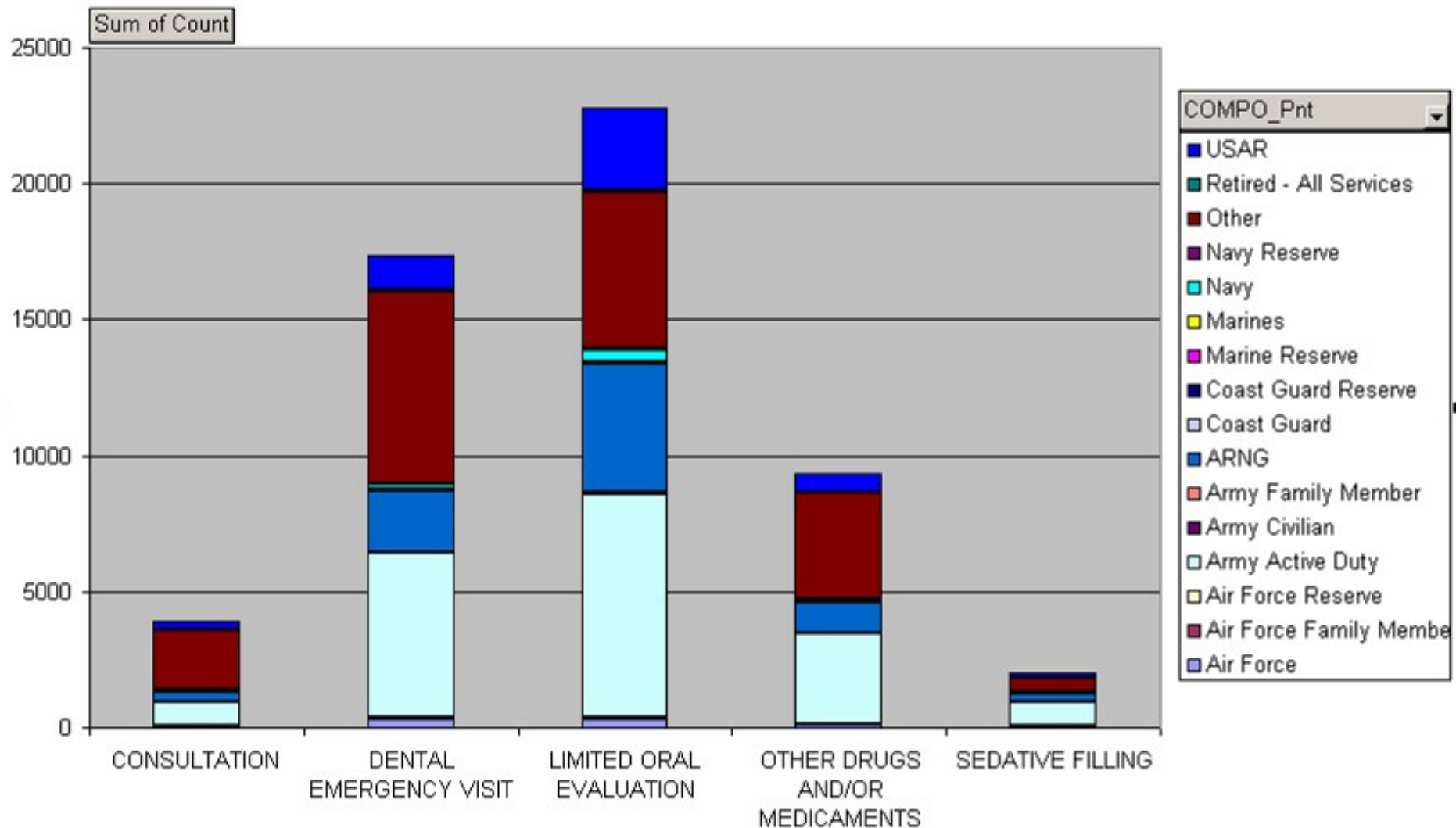
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# THEATRE PERIO:OCT 05-MAY 06



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# THEATRE EM :OCT 05-MAY 06



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# RESERVE COMPONENTS ARMY DENTAL CARE SYSTEM (RC-ADCS)

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# RC ARMY DENTAL CARE SYSTEM

**FIRST TERM**      **SUSTAINMENT**      **MOBILIZATION**  
**DENTAL READINESS**      **CARE**      **CARE**

50K RC  
SOLDIERS/Y  
R

500K RC  
SOLDIERS/Y  
R

XXXX?  
SOLDIERS

BCT/AIT RC SOLDIER

RC CITIZEN SOLDIER

RC "THE ARMY" SOLDIER

DENTAL RECORD STANDARD

ANNUAL EXAM STANDARD

DENTAL X-RAY STANDARD

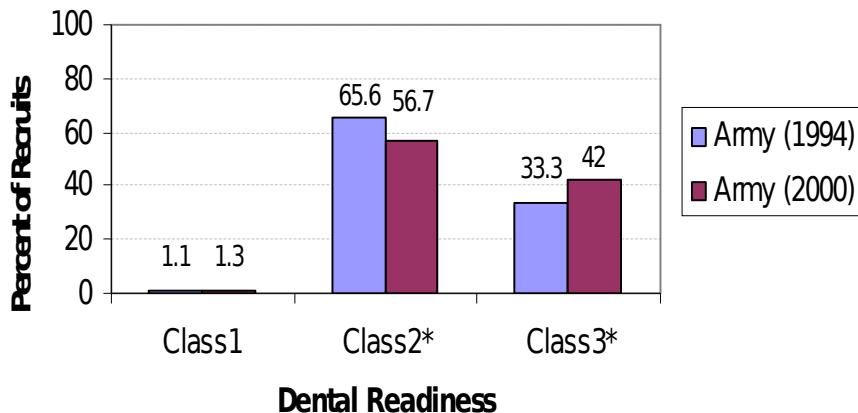
MEDPROS DATA STANDARD

CLASS 3 TREATMENT STANDARD

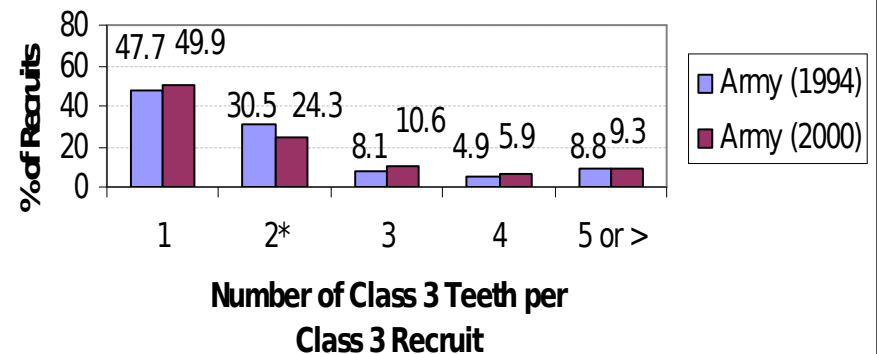
95%  
DENTAL  
READINESS

# 2000 Tri-Service Center for Oral Health Studies Recruit Study

Comparison: Percent Dental Readiness of Recruits for Service



Comparison: Percent Distribution of Class 3 Teeth Among Those who are Readiness Class 3 for Restorative Reasons (Service)



**Summary: Increase in the Class 3 rates of Army Recruits and many have multiple teeth requiring treatment**  
**2.75 hours - mean clinical chair time needed to convert a DFC 3 soldier to DFC 2. (Amstutz, Shulman, Williams, 1992)**

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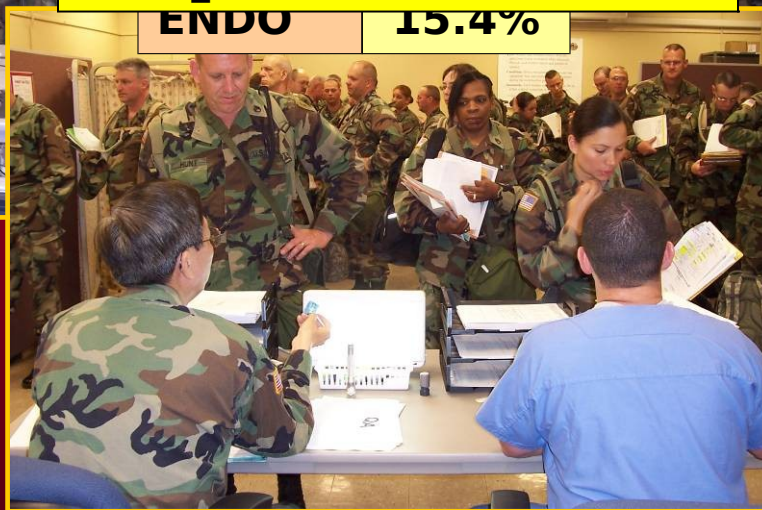
# SRP DENTAL STATION MOBILIZATIONS



% OPER	56.3%
% SURG	28.3%

**FEDS\_HEAL REFERRALS 2005**

ENDO	15.4%
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# FIRST TERM DENTAL RECRUITMENT (FTR)



**Ft. L Wood, MO**  
**Ft. Benning, GA**  
**Ft. Lee, VA**  
**Ft. S. Houston, TX**  
**Ft. Gordon, GA**  
**Ft. Jackson, S.C.**  
**Ft. Sill, OK**  
**Ft. Knox, KY**  
**APG, MD**



<b>% OPER</b>	<b>55.4%</b>
<b>% SURG</b>	<b>26.9%</b>
<b>%</b>	



**TSCOHS-2000 RECRUIT STUDY**

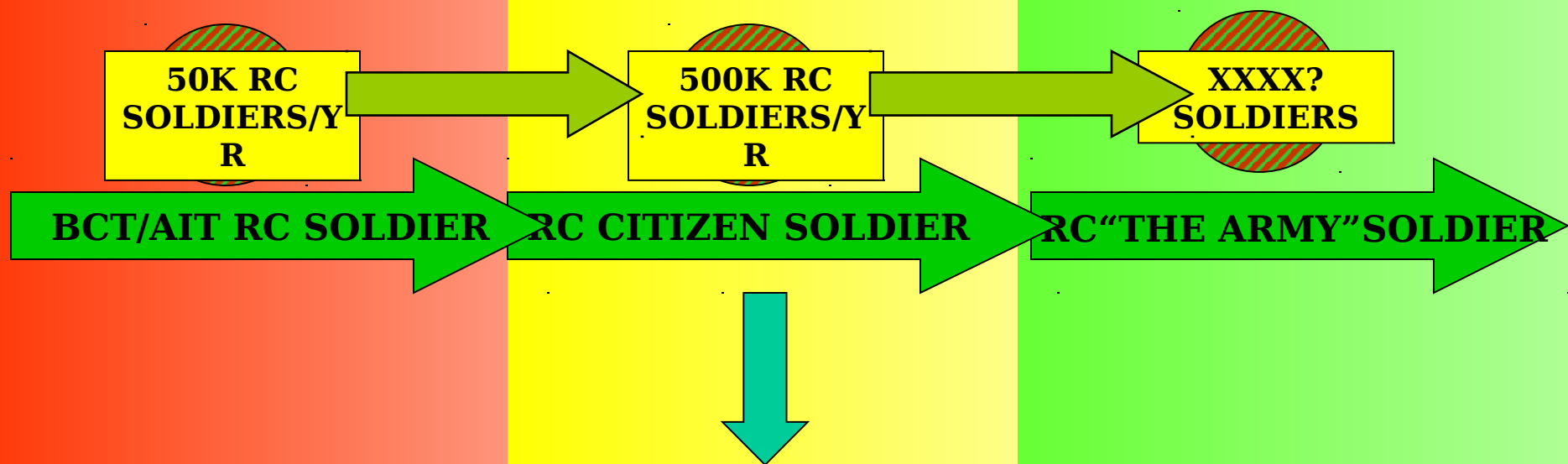
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# RC ARMY DENTAL CARE SYSTEM

**FIRST TERM  
DENTAL READINESS**

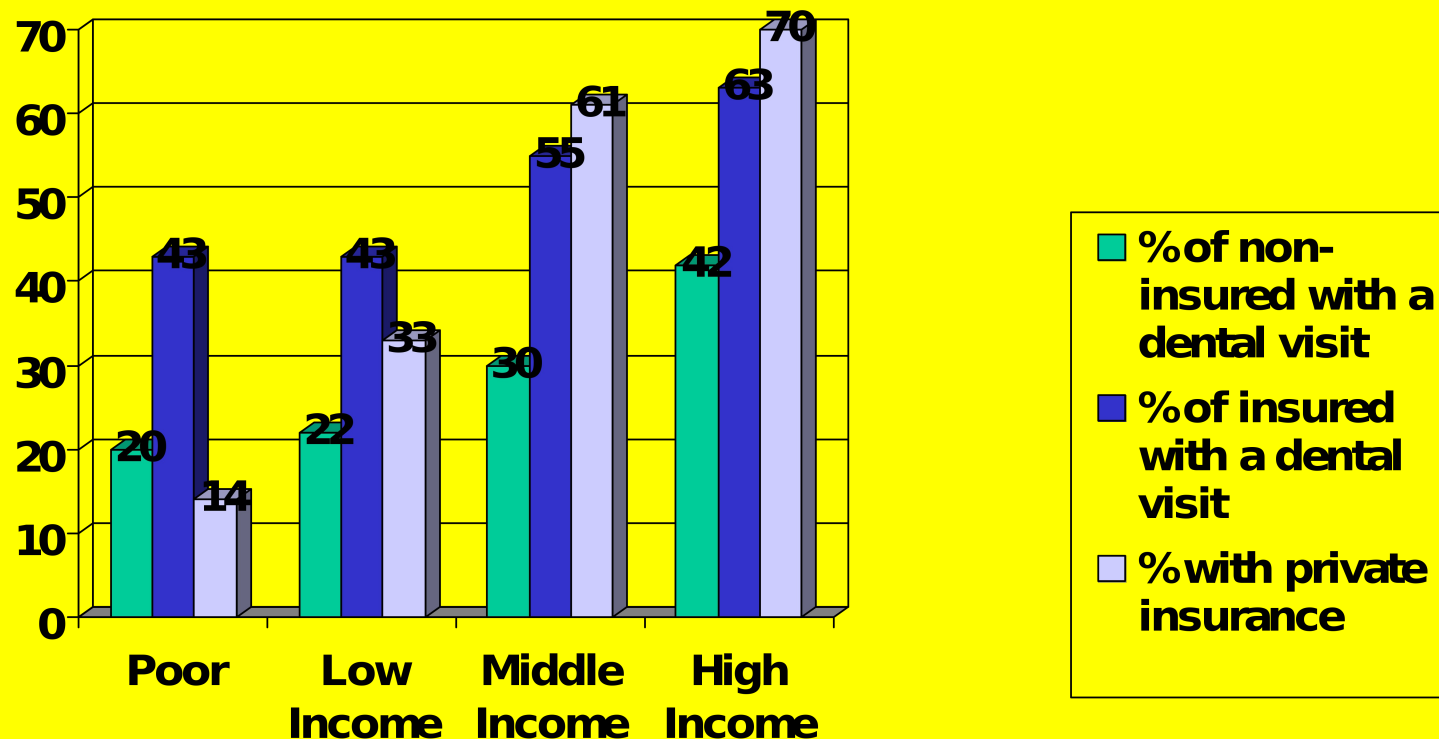
**SUSTAINMENT  
CARE**

**MOBILIZATION  
CARE**



- **# CL2 that revert back to CL3?**
  - Demob study
  - Active component study

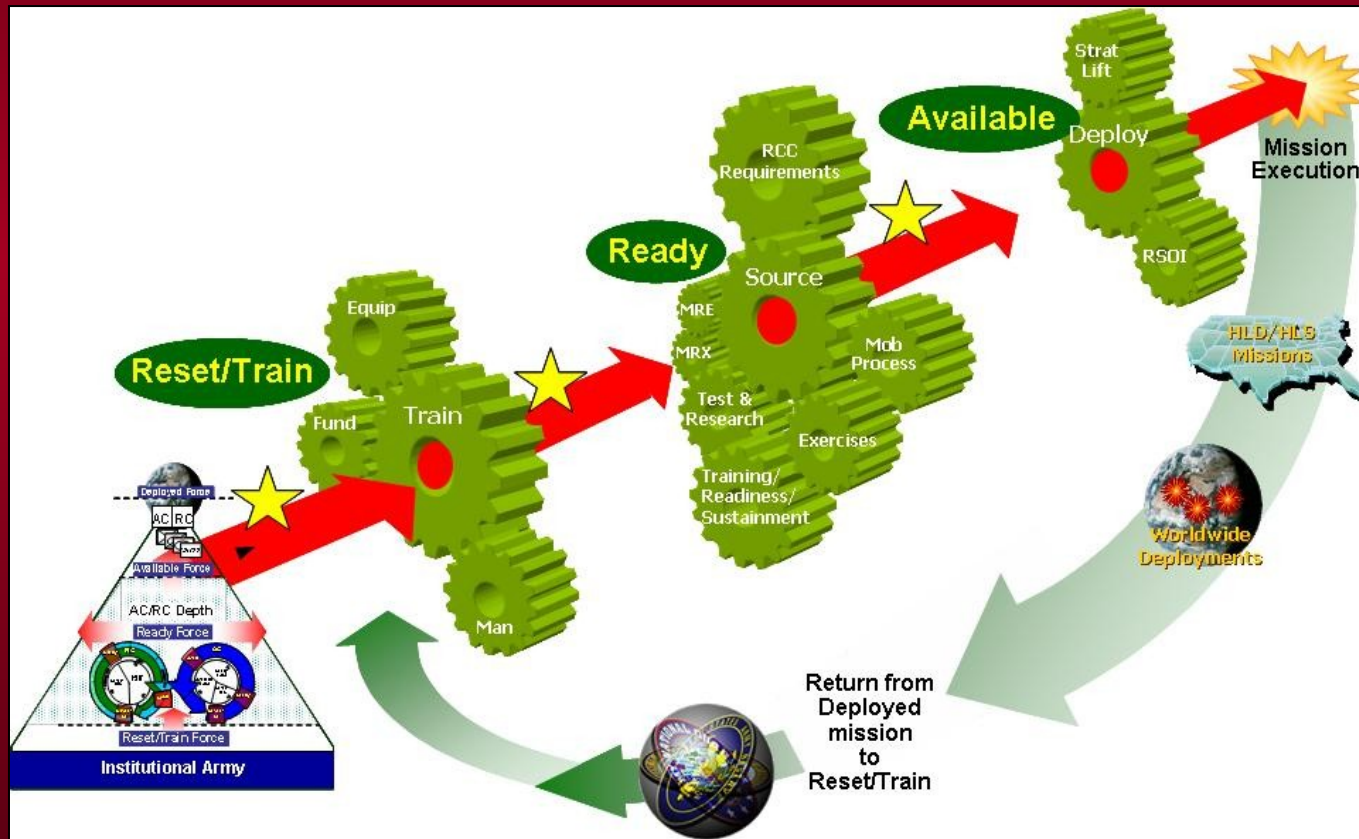
# Dental Insurance and Utilization



Source: Manski RJ, Macek MD, Moeller JF. Private dental coverage: Who has it and how does it influence dental visits and expenditures? JADA 2002; 133: 1551-9.

**U.S. Army Dental Command**

- Provide complete Dental Care (exams and treatment) to all Ready Reserve and ARNG Soldiers throughout the entire ARFORGEN model (5-6 years)



# QUESTIONS ?

